



COMBINED NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Send to: Missouri Department of Natural Resources, Waste
Management Program, P.O. Box 176, Jefferson City, MO 65102

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)C
FT/A C
1

87/12/01

I. Name of Installation

D A Y C O P R O D U C T S I N C

II. Installation Mailing Address

Street or P.O. Box

C
3

B O X 3 2 5 8

City or Town

State

ZIP Code

C
4

S P R I N G F I E L D

M O 6 5 8 0 7

III. Location of Installation

Street or Route Number

C
5

2 6 0 1 W. B A T T L E F I E L D

City or Town

State

ZIP Code

C
6

S P R I N G F I E L D

M O 6 5 8 0 8

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

J E N S E N H O W A R D

4 1 7 8 8 1 7 4 4 0

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

A R M T E K C O R P

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☐ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

- ☒ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☒ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☒ B. Industrial Boiler

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box.)

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)



R00126796

RCRA RECORDS CENTER

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

M O D 0 4 2 8 6 0 0 2 3

X. Description of Hazardous Wastes (continued from front)

A. Wastes from Nonspecific Sources (F-list). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

F 0 0 3

F 0 0 5

AMOUNT AND
FREQUENCY

150 lbs B

750 lbs B

lbs

lbs

B. Wastes from Specific Sources (K-list). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs

lbs

lbs

lbs

C. Commercial Chemical Product Wastes (U and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Below each number, enter monthly generation amount in pounds and frequency A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs

lbs

lbs

lbs

D. (Reserved)

E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'x' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

AMOUNT AND
FREQUENCY

☐ 1. Ignitable
(DD01)

lbs

☐ 2. Corrosive
(DD02)

lbs

☐ 3. Reactive
(DD03)

lbs

AMOUNT AND
FREQUENCY

☐ 4. Toxic Enter the four-digit number which identifies each characteristic toxic waste. Below each number enter the monthly generation amount and frequency.

lbs lbs lbs lbs

MISSOURI REQUIRED INFORMATION

MO Generator ID Number 07 639

Principle Business Activity Mft. Power Transmission Belting

S.I.C. Code (leave blank if uncertain) 3 0 4 1

Check this box if you generate/accumulate less than a regulated quantity ☐

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name And Official Title(Type Or Print)

Date Signed

L.D. Thompson Plant Mgr.

10-28-87

STATE OF MISSOURI
DEPARTMENT OF NATURAL RESOURCES



**CERTIFIED
RESOURCE RECOVERY FACILITY**

Certification for resource recovery is issued to:

DAYCO CORPORATION
SPRINGFIELD PLANT

For the facility located:

2601 W. BATTLEFIELD
SPRINGFIELD, MISSOURI

CERTIFICATION NUMBER: RR--235

A copy of this certificate must be available at the facility during operation.

This certification is valid from the date signed for a period of two years, in accordance with the Certified Resource Recovery Facility Application Form approved by the department. Only wastes listed in the approved application are to be processed at this facility.

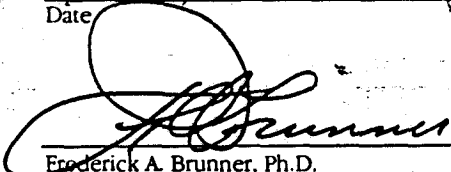
It is understood that the acceptance and use of this certification subjects the operator of the above named facility to the applicable requirements of the Missouri Hazardous Waste Management Law and the rules thereunder specifically 10 CSR 25-9.010.

This certification applies only to resource recovery facilities certified under Missouri's Hazardous Waste Management Law; it does not apply to other environmentally regulated areas.



April 9, 1987
Date

WASTE MANAGEMENT
PROGRAM


Frederick A. Brunner, Ph.D.
Director, Department of Natural Resources

by 
Director, Waste Management Program



October 27, 1987

Department of Natural Resources
Waste Management Program
P.O. Box 176
Jefferson City, Mo. 65102

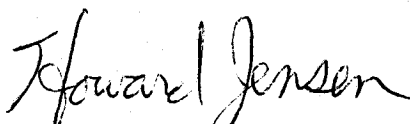


Gentlemen:

Attached is EPA form 8700-12/MDNR HWG-1 bringing up-to-date notification of all hazardous waste activity at this manufacturing facility.

Item VI-B used oil activities was not clear as how previous registrations on Waste Oil Activity were covered. There is no classification on the back of the form to cover waste oil being shipped out from this facility. This will average about 3500 lbs. per no. Also, some of our waste oil is burned on site and a copy of our Resource Recovery certification is attached. We have not established what an average monthly quantity would be in this case.

If the EPA form 8700-12 (MDNR HWG-1) needs to be changed to reflect waste oil activity, please return with the necessary instructions.


Howard Jensen

st
waste.qcl